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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	FRANCESCO CASINI
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-FUNCTIONAL FURNITURE

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

MAY 21, 1998

as United States Application Number or PCT International

Application Number

09/082,817

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address belowName **FRANCESCO ANTHONY CASINI**Address **7810 S.W. 99TH STREET**Address **MIAMI**City **MIAMI**State **FLA.**ZIP **33156**Country **USA**Telephone **305-274-2142**Fax **305-275-6004**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name **FRANCESCO ANTHONY**
(first and middle (if any))Family Name **CASINI**
or SurnameInventor's Signature **X Francesco Casini**Date **02/01/01**Residence: City **MIAMI**State **FL**Country **USA**Citizenship **USA**Mailing Address **7810 S.W. 99TH ST,**

Mailing Address

City **MIAMI**State **FLA**ZIP **33156**Country **USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any))Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

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City

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☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Signature x

Francesco Casini

Date FEB 2, 2001

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